



IHS • EHR Walk Through



Welcome

The following pages will step you through various features of the IHS Electronic Health Record. Each page shows a screen shot of a different EHR component, with accompanying text description of the component. EHR continues to evolve as we learn new ways to improve its performance and usability, so these components may look different by the time EHR is installed at your facility.

THE MISSION

The Mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. We are pleased to be able to introduce the latest tool in support of that mission – the IHS Electronic Health Record.

EHR and RPMS

The IHS Electronic Health Record provides a new graphical user interface that makes it easier than ever before to locate or create clinical information in the Resource and Patient Management System, or RPMS, database. The RPMS system consists of over 60 clinical and administrative applications that support patient care, operational and clinical data collection, and revenue generation. The EHR graphical presentation layer overlies the RPMS database and exchanges electronic information with it. EHR makes RPMS even more accessible, acceptable, and usable for clinicians, nurses, and other staff.

MAINTAINING THE PAST AS WE MOVE INTO THE FUTURE

EHR brings modern computing technology into health care documentation, but maintains the integrity of the RPMS system and all the data that has been collected over the years. Paper gives way to computers, but important health information is preserved.

One of the most powerful features of EHR is the ability to customize almost every aspect of the application according to the preference of the individual user. This provider has chosen for EHR to take her to the Notifications page whenever the application is launched. This page shows the provider all new laboratory results, flagging them as normal, abnormal, or critical. It also shows any unsigned orders, notes, or other items that require the attention of the provider. From this page the provider can elect to sign orders and notes, remove items that have been viewed, or defer action until later.

Cover Sheet

IHS·EHR (Live)
[-] [x]

User Patient Tools Help

Demo, Male
999997 08-May-1988 (15) M

ADOLESCENT
18-Feb-2004 09:37

TAYLOR, THOMAS L

Postings
A

Problem List

Problem ▲	Date
Acoustic trauma	09-Feb-2004
ALCOHOL ABUSE, CONT...	12-Dec-2001
DEPRESSIVE DISORDE...	03-Feb-2004
TESTING	05-May-2003

Adverse Reactions

Agent ▲	Reaction
LISINAPRIL	HIVES; ITCHING; WAT...
PENICILLIN	ANXIETY; COUGHING...

Alerts

No Crisis Alerts Found

Medications

Medication	Status	Issue Date ▼
PAROXETINE 2...	ACTIVE	12-Feb-2004
POTASSIUM C...	PENDING	09-Feb-2004 15:...
INDOMETHACI...	ACTIVE	07-Feb-2004
ACETAZOLAMI...	ACTIVE	05-Feb-2004
ALBUTEROL S...	ACTIVE	05-Feb-2004

Status
☒ All ☐ Active

Inpatient/Outpatient
☒ All ☐ Out ☐ In

Reminders

No Reminders Found

Vital Measurements

Vital	Value ▲
TMP	98.6 F (37.0 C)
PU	67
RS	21
BP	113/76
HT	52 in (132.1 cm)
WT	49 lb (22.3 kg)
PA	1

Lab Orders

Lab Order ▲	Status	Date
CREATININE CLEARANCE PANEL BLOOD L...	COMPLETE	04-Feb-2004 10:11
CREATININE CLEARANCE PANEL URINE, 2...	COMPLETE	04-Feb-2004 10:21
FERRITIN BLOOD SP LB #135476	COMPLETE	18-Feb-2004 08:57
FERRITIN BLOOD SP LB #135494	COMPLETE	18-Feb-2004 09:39
GRAM STAIN SWAB WOUND-SUPERFICIAL...	COMPLETE	17-Feb-2004 10:18
GRAM STAIN SWAB WOUND-SUPERFICIAL...	COMPLETE	17-Feb-2004 10:59
UPT (CAPILLARY) BLOOD GLUCOSE #134973	COMPLETE	18-Feb-2004 11:21

Appointments and Visits

Appointment/Visit	Date ▼	Status ▲
<GENERAL>	18-Feb-2004 12:00	AM...
ADOLESCENT	18-Feb-2004 09:37	AM...
ADOLESCENT	17-Feb-2004 15:22	AM...
<GENERAL>	17-Feb-2004 12:00	AM...
<GENERAL>	16-Feb-2004 12:00	AM...
<GENERAL>	14-Feb-2004 12:00	AM...
<GENERAL>	12-Feb-2004 12:00	AM...

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Once a patient is selected, the provider can obtain an overview of the patient through the Cover Sheet. Again, the appearance and content of this page can be customized to suit the needs of the provider. Typical contents of a cover sheet might include the Problem List, Allergies, Medication list, lab results, and immunizations, among others. The cover sheet is a quick way for the provider to familiarize herself with the patient when beginning an encounter.

Review Problem List, Purpose of Visit




IHS·EHR (Live)
[-] [x]


User Patient Tools Help

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Demo, Male
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ADOLESCENT 18-Feb-2004 09:37
 TAYLOR, THOMAS L





Postings
A


Problem List

All Problems
Set as Today's POV

Add
Edit
Delete

ID	Narrative	Status	Entered	Onset	Notes	Modified	ICD	ICD Name
TC4	Acoustic trauma	Active	02/09/2004	02/09/2004		02/09/2004	388.11	ACOUSTIC TRAUMA
TC3	DEPRESSIVE DISORDER NOS	Active	02/03/2004	02/03/2004		02/03/2004	311.	DEPRESSIVE DISORDER NEC
TC2	TESTING	Personal History	05/05/2003	05/05/2003		05/05/2003	.9999	UNCODED DIAGNOSIS
TC1	ALCOHOL ABUSE, CONTINUOUS	Active	12/12/2001			12/12/2001	305.01	NONDEP ALCOHOL ABUSE-CONTIN



Purpose of Visits

☒ Historical
 ☐ Pick Lists: Optometry

Visit Date	POV Narrative	ICD	ICD Name	Facility
02/09/2004	Acoustic trauma	388.11	Acoustic Trauma	Tuba
02/05/2004	ALCOHOL ABUSE, CONTINUOUS	305.01	Nondep Alcohol Abuse-contin	Tuba City
02/05/2004	DEPRESSIVE DISORDER NOS	311.	Depressive Disorder Nec	Tuba City
02/05/2004	ALCOHOL ABUSE, CONTINUOUS	305.01	Nondep Alcohol Abuse-contin	Tuba City
02/03/2004	ALCOHOL ABUSE, CONTINUOUS	305.01	Nondep Alcohol Abuse-contin	Tuba City

Add New POV
POVs for Current Encounter
Copy to P.L.

POV Narrative	ICD	ICD Name	Priority	Ca

Chief Complaint:
 Vitals:

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For over 30 years, the Problem List has been the provider's tool for keeping track of important health conditions, but maintaining an accurate and complete Problem List has always been difficult. EHR gives providers an easy way to add problems, modify them, add notes, or delete problems that are no longer present. Problems can be designated as active, inactive, or part of the family history, and ICD codes can be selected either directly by the provider or subsequently by certified coders.

This page also allows the provider to build the Purpose of Visit, or POV, for the current encounter. This is done either by selecting diagnoses from the Problem List, from any of a number of POV pick lists, or by entering a new POV. POV pick lists can be patient-specific, clinic-specific, or provider-specific, which makes it easy for a provider to find a POV for which an appropriate code has already been selected. Addition of a new POV is also easy, and again allows the provider to select an ICD code, and to enter important information about injury diagnoses.



IHS · EHR Walk Through



Review Medications

IHS·EHR (Live)

User Patient Tools Help

Patient ChartCommunication

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View Action

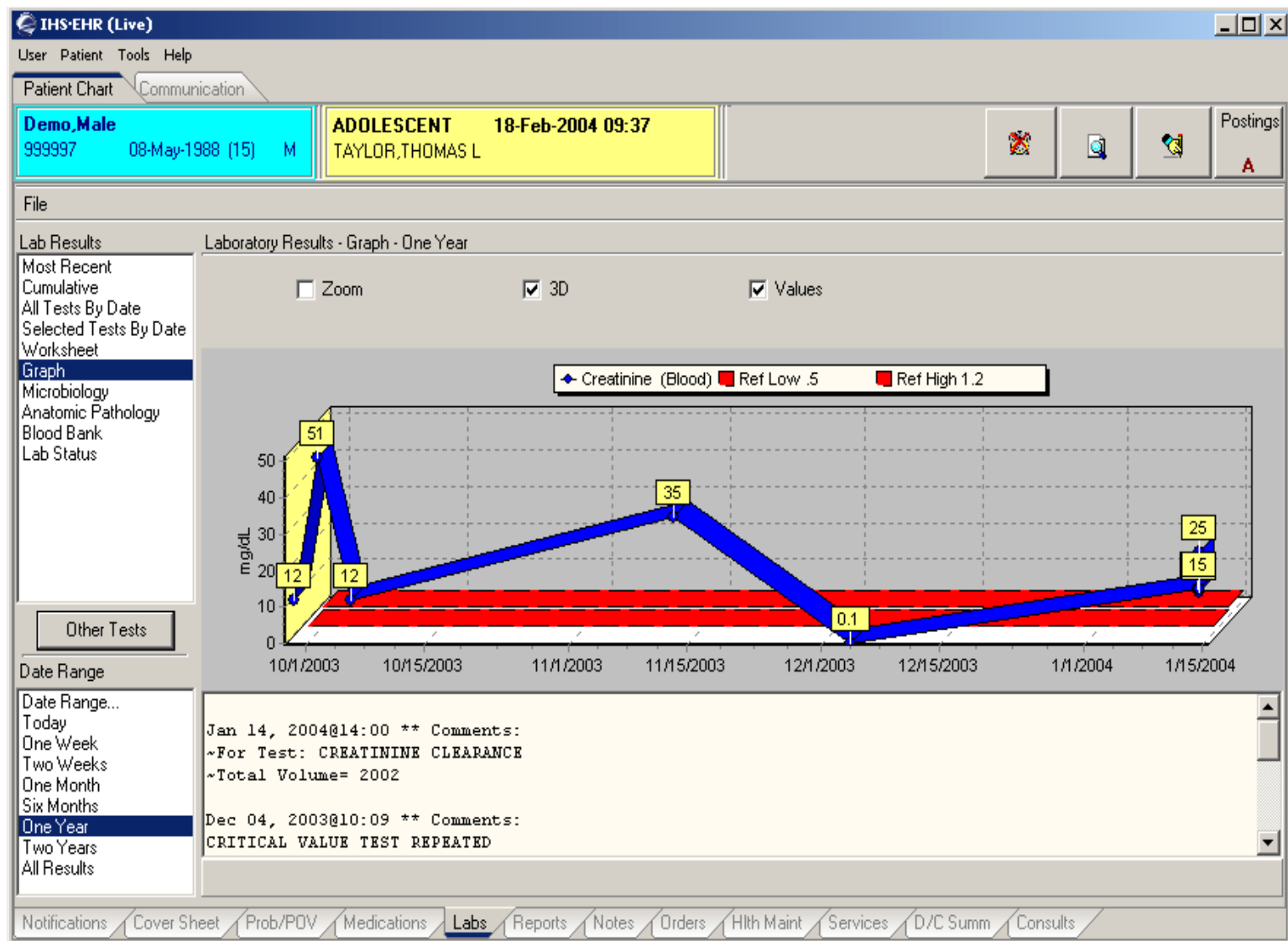
Action	Outpatient Medications	Expires	Status	Last Filled	Refills Rem...
	PAROXETINE 20MG TAB** Qty: 30 for 30 days Sig: TAKE ONE TABLET BY MOUTH EVERY MORNING FOR DEPRESSION	Feb 12,05	Active	Feb 12,04	3
	DIPHENHYDRAMINE 25MG CAP** Qty: 60 for 30 days Sig: TAKE 25 MILLIGRAMS CAPSULE(S) BY MOUTH EVERY 6 HOURS AS NEEDED ITCHING	Feb 03,05	Active	Feb 03,04	3
	INDOMETHACIN 25MG CAP** Qty: 90 for 30 days Sig: TAKE ONE CAPSULE BY MOUTH 3 TIMES A DAY AS NEEDED TO RELIEVE PAIN - **TAKE WITH FOOD**	Mar 08,04	Active	Feb 10,04	0
	ALBUTEROL SULFATE 2MG/5ML SYRUP Qty: 120 for 30 days Sig: DRINK 3 MLS (1.2MG) BY MOUTH THREE TIMES A DAY TO HELP BREATHING	Mar 06,04	Active	Feb 05,04	0
	ACETAZOLAMIDE 250MG TAB Qty: 60 for 30 days Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY	Mar 06,04	Active	Feb 05,04	0
	*GLYBURIDE 5MG TAB** Qty: 60 for 30 days Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY TO HELP CONTROL BLOOD SUGARS BEFORE EACH MEAL	Mar 05,04	Active	Feb 04,04	0
	ALBUTEROL INHALER Qty: 17 for 30 days Sig: INHALE 1 PUFF BY INHALATION EVERY 6 HOURS FOR BREATHING - SHAKE WELL BEFORE USING	Mar 04,04	Active	Feb 03,04	0

Action	Inpatient Medications	Stop Date	Status
	POTASSIUM CHLORIDE 20 MEQ in DEXTROSE 5% 0.45% NS 1000 ML 100 ml/hr		Pending

NotificationsCover SheetProb/POV**Medications**LabsReportsNotesOrdersHlth MaintServicesD/C SummConsults

EHR links to the powerful RPMS Pharmacy application to display for the provider a listing of current and past medications. This page allows the provider to visually review the drug regimen with the patient. Medications can also be re-filled, renewed, or discontinued from the Medications page.

Review Labs



When the provider wants to review past laboratory results or share them with the patient, the Laboratory page provides several options. Lab results can be viewed or grouped in a number of different ways. An important educational tool is the ability to show lab results as a graph, in order to demonstrate trends over time. A patient who sees how his lab results have improved with treatment is more likely to continue to comply with the provider's recommendations.

Review Reports

IHS·EHR (Live)
[-] [] [X]




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Available Reports

- ☒ Progress Notes
- ☒ Radiology
 - Report**
 - Status
 - Imaging (local only)
 - Imaging
- ☐ Surgery Reports
- ☐ Vital Signs
- ☒ Health Summary
- ☒ Multi-Facility Reports
 - Imaging (local only)
 - Lab Status
 - Blood Bank Report
- ☒ Anatomic Path Reports
- ☐ Dietetics Profile
- ☐ Nutritional Assessment

Radiology Report [From: Feb 18, 2003 to Feb 18, 2004] Max/site: 10

Exam Date/Time	Procedure Name	Report Status	CPT Code	[+]
01/23/2004 09:10	ACUTE ABDOMEN	No Report	74022	
01/22/2004 22:55	CHEST SINGLE VIEW	VERIFIED	71010	[+]

Exam Date/Time
01/22/2004 22:55

Procedure Name
CHEST SINGLE VIEW

Clinical History
TESTING

Impression
NO EVIDENCE OF ACTIVE CARDIOPULMONARY DISEASE.

Report

CHEST EXAM: The heart and pulmonary vasculature are normal. No active infiltrate or pleural effusion. The bony thorax is normal as visualized.

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A number of reports, such as radiological interpretations or consultations, may be located in the Reports section. There is no limit to the type, variety, or number of report categories that may be created in EHR.

Review & Create Notes

IHS·EHR (Live)
[-] [x]

User Patient Tools Help

Patient Chart Communication

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File View Action Options

Last 100 Signed Notes

- ☒ New Note in Progress
- ☒ Feb 18, 04 ADULT
- ☒ Alerted Note

Templates

- ☒ Shared Templates
 - ☒ Patient Data Objects
 - ☒ Patient Inpatient Objects
 - ☒ Admitting Dx
 - ☐ Admitting Provider
 - ☐ Current Admission
 - ☐ Current Attending
 - ☐ Current Diet
 - ☐ Current Inpt Service
 - ☐ Current Ward
 - ☐ Current Ward-Room
 - ☐ Referring Provider

ADULT CARE HIGH RISK SCREENING INTAKE FORM
 Vst: 02/18/04 ADOLESCENT

Feb 18, 2004@11:12

Taylor, Thomas L Change...

Name: DEMO, MALE **SSN:** 000-00-0001 **HR#:** 99-99-99
Birthdate: MAY 8, 1988 **Age:** 15
BOX 1562 TUBA CITY, AZ 86045, AZ No Phone in record
Emergency Contact: BEZAY, DARRY BOX 15 TUBA CITY, AZ 86045

Admission Date: **Attending:**
Ward/Room: **Admitting Diagnosis:** ??
Intake Date & Assigned To:

Discharge Date:

Insurance Information:

<input type="checkbox"/> 65 years or older <input type="checkbox"/> Repeated Admissions <input type="checkbox"/> Extended Care Placement <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Chronically/Terminally Ill <input type="checkbox"/> Equipment Request (Ht: Wt:) <input type="checkbox"/> Failure to Thrive <input type="checkbox"/> No Family Support <input type="checkbox"/> Non-compliant with Treatment	<input type="checkbox"/> Caretaker/Home Health Srv <input type="checkbox"/> Transportation Problem <input type="checkbox"/> Mentally Impaired/Suicidal <input type="checkbox"/> Homeless/Substandard Home <input type="checkbox"/> Family Conference Request <input type="checkbox"/> No Medical Insurance <input type="checkbox"/> ETOH/Substance Abuse <input type="checkbox"/> Social Service Consultation <input type="checkbox"/> Financial Problem
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<No encounter information entered>

Notifications Cover Sheet Prob/POV Medications Labs Reports **Notes** Orders Hlth Maint Services D/C Summ Consults

Review Notes

One of the main reasons to have an electronic record is that all clinical encounters, including office visits, telephone calls, pharmacy consultations, public health visits, and so forth, can be documented thoroughly and legibly, and are immediately available to all authorized users. The provider can review notes from the last clinic visit, or from the dietician who saw the patient just minutes before.

Create a Note

EHR uses an application called the Text Integration Utility, or TIU, to create and store clinical encounter notes in RPMS. TIU uses customized templates to guide documentation of different types of visits. An unlimited variety of templates may be created, and they can be shared among users or among facilities. Templates can be set up to pull data from RPMS to automatically bring things such as vital signs, problem lists, or medications into a note. Templates can include objects like checkboxes or multiple-choice lists, and by using the mouse or pointer to select template objects, the provider can build a narrative encounter note. Free text entry of information not suitable for templates can also be done.

Enter Orders

IHS·EHR (Live)
[-] [] [X]




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File View Action Options

View Orders

Active Orders (includes Pending & Recent Activity) - ALL SERVICES

Active Orders (includes Pending & Recent Activity) - ALL SERVICES	Service	Order	Start / Stop	Provider	Nrs	Cik	Chart	Sts	
	Vitals	>> Temperature bid Oral	Start: 02/10/04 11:40	Taylor, T				active	
	IV Fluids	POTASSIUM CHLORIDE INJ, SOLN 20 MEQ in DEXTROSE 5% IN 0.45% NS--1000 ML INJ, SOLN 1000 ml 100 ml/hr		Taylor, T				pending	
	Out. Meds	INDOMETHACIN CAP, ORAL 25MG TAKE ONE CAPSULE BY MOUTH 3 TIMES A DAY AS NEEDED TO RELIEVE PAIN - **TAKE WITH FOOD** Quantity: 90 Refills: 0	Start: 02/10/04 Stop: 03/08/04	Carroll, M				active	
		PAROXETINE TAB 20MG TAKE ONE TABLET BY MOUTH EVERY MORNING FOR DEPRESSION Quantity: 30 Refills: 3	Start: 02/12/04 Stop: 02/12/05	Carroll, M				active	
		ALBUTEROL SYRUP 2MG/5ML DRINK 3 MLS (1.2MG) BY MOUTH THREE TIMES A DAY TO HELP BREATHING Quantity: 120 Refills: 0	Start: 02/05/04 Stop: 03/06/04	Fisher, A				active	
		ACETAZOLAMIDE TAB 250MG TAKE ONE TABLET BY MOUTH TWICE A DAY Quantity: 60 Refills: 0	Start: 02/05/04 Stop: 03/06/04	Hager, M				active	
		*GLYBURIDE TAB 5MG TAKE ONE TABLET BY MOUTH TWICE A DAY TO HELP CONTROL BLOOD SUGARS BEFORE EACH MEAL Quantity: 60 Refills: 0	Start: 02/04/04 Stop: 03/05/04	Emborsky, R				active	

Write Orders

Write Delayed Orders

Allergies
 Diet
 Meds, Inpatient
 Meds, Outpatient
 IV Fluids
 Lab Tests
 Imaging
 Consult
 Vitals
 Text Only Order
 Dental Orders

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Evidence from the medical literature shows that direct provider entry of orders into the computer improves patient safety, because the risk of misinterpreting illegible orders is no longer present. The orders page provides a single location from which the provider may enter medication, laboratory, and radiology orders, and eventually others such as nursing and dietary orders.

Enter Health Maintenance/Immunizations

IHS·EHR (Live)
[-] [] [X]

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Health Factors:

Add Health Factor

Visit Date	Health Factor
02/05/2004	NON-TOBACCO USER
02/10/2004	EXPOSURE TO ENVIRONMENTAL TOBACCO
02/10/2004	RUBELLA IMMUNE

Patient Education:

Add Topic

Visit Date	Education Topic
02/03/2004	M-INFORMATION
02/04/2004	M-INFORMATION
02/05/2004	M-MEDICATION DISPENSE TO PROXY
02/10/2004	ACC-SAFETY AND INJURY PREVENTION

Exams:

Add Exam

Visit Date	Exams
02/10/2004	EAR EXAM

Immunization Forecast:

1-HEP B
past due

Td-ADULT
due

1-IPV
past due

Contraindications:

Immunization History:

Add Vaccination

Vaccine	Dose	Visit Date	Age@Visit	Reaction	Location	Lot	Group
HEP A	1	02/10/2004	15 years		Tuba City Ho	VHA759A2	HEPA

Skin Test History:

Add Skin Test

Visit Date	Skin Test	Reading	Result	Age@Visit	Location
02/10/2004	PPD	1	Negative	15 years	Tuba City Ho

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EHR provides improved ways to enter information such as health factors and patient education. The education codes, for example, correspond to those provided by the IHS National Patient Education Program, and selecting these codes populates the appropriate fields in RPMS for documentation and billing purposes. EHR also provides a link to the RPMS Immunization package.

Document Services

IHS·EHR (Live)
[-] [x]

User Patient Tools Help

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 TAYLOR, THOMAS L

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Historical Services:

Surgical

Add to Current Visit

Visit Date	CPT	CPT Name	Facility	Qty	Diagnosis	Prim	Modifier 1	Modifier 2

SuperBills:

Edit Super-Bills

☐ Display Long Name ☐ Display CPT Codes

Dental
Ent
Optometry
Respiratory Therapy

<input type="checkbox"/> After Cataract Laser Surgery	<input type="checkbox"/> Contact Lens Fitting	<input type="checkbox"/> Electrocardiogram, Tracing	<input type="checkbox"/> Eye Exam With Photos
<input type="checkbox"/> Airway Inhalation Treatment	<input type="checkbox"/> Contact Lens Fitting	<input type="checkbox"/> Electro-oculography	<input type="checkbox"/> Eye Exam With Photos
<input type="checkbox"/> Chest Wall Manipulation	<input type="checkbox"/> Contact Lens Fitting	<input type="checkbox"/> Electroretinography	<input type="checkbox"/> Eye Exam With Photos
<input type="checkbox"/> Close Tear Duct Opening	<input type="checkbox"/> Contact Lens Fitting	<input type="checkbox"/> Eye Exam & Treatment	<input type="checkbox"/> Eye Exam, New Patient
<input type="checkbox"/> Close Tear Duct Opening	<input type="checkbox"/> Dark Adaptation Eye Exam	<input type="checkbox"/> Eye Exam & Treatment	<input type="checkbox"/> Eye Exam, New Patient
<input type="checkbox"/> Color Vision Examination	<input type="checkbox"/> Electrocardiogram Report	<input type="checkbox"/> Eye Exam Established Pat	<input type="checkbox"/> Eye Muscle Evaluation

☒ Show All

Evaluation and Management:

☐ New Patient
☒ Established

Office Visit
 Consultation
Preventive Medicine
Confirmatory Consult
Emergency Services
Other ER Services

History and Exam	Complexity	Approx. Time
<input type="checkbox"/> Brief	Nurse Visit	5 min
<input type="checkbox"/> Problem Focused	Straitforward	10 min
<input type="checkbox"/> Expanded	Low	15 min
<input type="checkbox"/> Detailed	Modest	25 min

Visit Services:

Add
Edit
Delete

CPT	Narrative	Qty	Diagnosis	Prim	Modifier 1	Modifier 2

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Most IHS and Tribal facilities have a need to bill Medicare, Medicaid, and private insurance companies in order to recover some of the costs of providing care, and to support important programs and staff. Using the fully customizable superbills available in EHR, all billable services can be documented. An unlimited variety of superbills may be created, and these can be customized for each provider, for each clinic, for nurses, or in any other way. Similarly, the provider can select an Evaluation and Management Code that is appropriate for the level of service provided. Information from this page is sent directly to RPMS, where it is immediately available to the billing application.

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